



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$225355367
Outpatient Patient Service Revenue	\$428921253
Total Gross Patient Service Revenue	\$654276620

2. Deductions From Revenue

Contractual Allowance	\$459935596
Other Deductions	\$10761515
Total Deductions	\$470697111

3. Total Operating Revenue

Net Patient Service Revenue	\$176974206
Other Operating Revenue	\$6179194
Total Operating Revenue	\$183153400

4. Operating Expenses

Salaries and Wages	\$41011945	Employee Benefits	\$11071437
Depreciation and Amortization	\$5501939	Interest Expense	\$524169
Bad Debt	\$6605303	Other Expenses	\$117378043
Total Operating Expenses	\$182092836		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7557868	Total Assets	\$94589155
Net Non-operating Gains over Loss	\$-47625	Total Liabilities	\$78731737

Total Net Gains	\$7510243
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$332794358	\$268232848	\$64561510
Medicaid	\$145325181	\$112548323	\$32776858
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$176157081	\$89915940	\$86241141
Total	\$654276620	\$470697111	\$183579509

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$203750	\$412756	\$-209006

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$69680	\$40242	\$29438

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$231544	\$-231544
Hospital Patients	\$0	\$3509	\$-3509
Community Education	\$0	\$265823	\$-265823

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	6009
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$25219371
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6258243	
HCI Payments	\$0		
Subtotal	\$0	\$6258243	\$-6258243
Medicaid Shortfalls	\$32885212	\$47053125	
Subtotal	\$32885212	\$47053125	\$-14167913
DSH Payments	\$9,457,060		
Subtotal	\$42342272	\$47053125	\$-4710853
Medicare Shortfalls	\$64734846	\$82583655	
Other Government Programs	\$0	\$0	
Total	\$107077118	\$129636780	\$-22559662

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$241973	\$-241973
Community Assessment	\$0	\$318587	\$-318587
Provision of Taxes	\$0	\$10990360	\$-10990360
Other Allocations	\$0	\$0	\$0

Comments

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